



**Commonwealth of Massachusetts  
Health Care Quality and Cost Council  
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**JUDYANN BIGBY, M.D.**  
Chair

**KATHARINE LONDON**  
Executive Director

**Health Care Quality and Cost Council  
Chronic Care & Prevention Committee**

Meeting Minutes

Wednesday, January 16, 2008

11:00 a.m. – 12:30 p.m.

One Ashburton Place

21<sup>st</sup> floor, room 2

Boston, MA

**Committee Members Present:** Beth Capstick, Katharine London, Kenneth LaBresh,  
Robert Seifert

*Meeting called to order at 11:03am*

**I. Approval of Minutes of Committee Meeting December 6, 2008**

The Committee approved Minutes from its December 6, 2008 meeting.

**II. Discussion of recommendation to implement a coordinated disease management program in Massachusetts for patients with chronic conditions, beginning with heart failure, diabetes, asthma, and perhaps associated depression.**

- The Committee reviewed and discussed its draft recommendations. The draft recommendations call on EOHHS to develop a blueprint for developing a statewide system of coordinated care for chronic conditions.
- The Committee discussed the benefits of documenting stakeholders and available resources. The Committee discussed the need to start thinking about venues and strategies for implementing the recommendations and agreed that the Committee should work to identify a process for including stakeholders and identifying resources.
- The Committee discussed the role of the Council with respect to overseeing the development of this blueprint, and monitoring progress.

**III. Discussion of recommended steps required to achieve the goal, by whom, by when, estimated cost of implementation, potential savings, potential benefits to the population, effect on racial and ethnic disparities, and methods of tracking progress.**

- DPH Analyst Paul Oppedisano presented an analysis of the cost savings associated with diabetes and asthma primary care and prevention. The Committee suggested that the report be used to demonstrate how the Committee's recommendations affect the quality and cost associated with prevention. Although not a lot of money goes into preventive programs, the information presented suggests that there is cost savings involved with respects to preventive programs.
- The Committee discussed the estimated cost of implementing the proposed recommendations and concluded that more discussion associated with the cost of implementation be evaluated in moving forward. The Committee expressed interest in working with Vermont to better understand the cost associated with the implementation of Vermont's chronic care coordination effort.

**Next Steps**

- The Committee recommended that the Council ask Vermont to speak on the estimated cost of implementing the Vermont Blueprint for Health.
- The Committee also recommended that the Council include in its agenda discussion of the Council's role in the implementation process. To what extent does the Council lead, and if not a leader, then where does the Council stand in the process of assuring the success of this project.

*Meeting Adjourned 12:32pm*